



985-259-3352 / P1Mitigators.com / Help@P1Mitigators.com
----- TEMPORARY REPAIR/S ONLY -----

Homeowner(s) Info:

Today's Date: 9/29/ 2024

Homewoner(s): Name: **_Charles and Chrystal Odom_____**

Address: 5024 Hammock Trail Lake Park GA 31636_____

Email: ChrystalOdom@gmail.com 229-251-4090

Policy Number _____ **Clam# _1174m766c_** Insurance Type: **_H03_____**

Carrier: **___State Farm_____** Mortgage Company:_____

Carrier Contact/Field or Desk Adjuster: **_ Mr./Mrs. Wilton___972-744-7223**

Date of Loss **_9 /_26 / 202__** or Date of Discovery: **___ / ___ / 202_**

Description of Services:

- Emergency Services as I was there waiting on the (late) crane 2 hours to immediately tarp/patch as the tree was removed.
- Dangerous Working Conditions working past 9:00 PM to get this roof dried in on a 6/12 roof.
- Built Hip/Ridge Structure to hold temporary tarping/coverings out of batten strips.
- Used Peel-N-Stick and Synthetic Underlayment tucked under above shingles for the best water-resistant setup vs. a tarp that would/could blow off, need attention etc.
- Performed above repairs on 4 areas and patched 1 shingle on a ridge vent **totaling 5 repairs.**

Total Labor Time Spent: **2.5hrs**

Total Materials Used: **Batton Strips/Lumber, Peel-N-Stick, Synthetic Felt, Shingles, & Nails**

Total Cost: **\$2,385**

Note: We are mentioning and holding that **this roof will not be repairable** due to excess shingle damage experienced when doing these few repairs. See the video here to justify this: <https://youtu.be/0Uc0Szw8Dbc>

Checks can be **mailed to:** David Saitta, 301 E Lattin Street #120 Hastings, FL. 32145

Checks can be **payable to** Proxy1Mitigators / EIN & W9 info below.

Zelle P1Mitigators or David Saitta 985-259-3352 / **Cash App:** \$Davetv1423 / **Venmo** @David-Saitta

PayPal: info@proxy1media.com

Pictures, Work Authorization, W9, and related docs are below.

Any questions, I can be reached at the number in the footer or the email Help@P1Mitigators.com

David Saitta / www.DavidSaitta.com

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Tarping /TMP:

All-purpose poly (5mil) tarp, 1x2 battens (furring strips on sides of tarp if needed), cap & regular nails & labor. *All Billing will use "Current Market Value, Approved by HO's Carrier".

DMO:

Y/N? = ESRVD/Emergency Services Call?

Y/N? = ESRVD Form Signed by Customer?

Y/N? = FRM 1x4 lumber, nails, and installation for the exterior of tarping/patching

Y/N? = RFG/Steep Charge A. 7/12, B. 8/12, C. 9/12, D. 10/12, E. 11/12, F 12/12+ (6/12)

Y/N? = High/2nd Story Charge?

Y/N? = SCF / RNTHLD (fall pprotection & safty harnesses needed?)

Y/N? = Removal/RFG Being done By P1M or another contractor?

Total Square Foot Tarp Installed: 1st Patch 4'x5', 2nd 6'x4', 3rd 4'x4', 4th 2 shingles Totalling =
Approx _____ **66'ft/sq**_____

Number of Tarps/Patches installed and where **5 Total** From Street View / Right Ridge, Right Front Slope, Left Front Slope, Left Hip, Left Rear Slope _____

Y/N? **TMP/LAB:** Other Materials & Labor Used to Mitigate Damages:

(tape/sealing pipe jacks/vents/etc.)_____

The Following invoice is for Tarping **Mitigation only**, any other estimates will be submitted separately. **The following Tarping Service is a One-Time Service Only.** We do not warranty the tarps for any length of time as a second storm could come by the following day and destroy them. If **aggressive damage mitigation** is needed, batons will be nailed through shingles to roof decking (causing damage) to nailed surfaces. Sandbags will be used regardless.

Proxy1Mitigators will not be responsible for the "repair services" of said tarping. We are here to mitigate future damages only. **We are not a licensed roofing contractor**, nor need a license to perform "tarping services" as this is not "a finished part of the home's structure".



*FREE STORM DAMAGE INSPECTIONS!
*RETAIL ROOF & RESTORATION PRICING!

*POST STORM CLAIM SUPPORT!
*INSURANCE-ONLY PROCEEDS BILLING!

<https://p1mitigators.com/> / 985-259-3352 / Help@P1Mitigators.com

DIRECTION TO PAY AUTHORIZATION

Property Owner/s: Charles + Crystal Odom Property Address: 5024 Hammer Trail Lakewood 31436
City/State/Zip: 31636 Cell/Work/Home Phone: 229-251-4090 Email: crystalodom@gmail.com

I am/we are the Property Owner/s for the above property address and I/we hereby authorize and unequivocally instruct State Farm to make direct deposits/payments of any and all monies, benefits or proceeds for the services rendered by Proxy1Mitigators (P1Mitigators) at 301 E. Lattin Street #120 Hastings, FL. 32145 to be made directly to P1Mitigators.

I/we appoint P1Mitigators to accept on my/our behalf all and any insurance payout checks, drafts, wire transfers, ACH Payments, or bills of exchange and to endorse all such checks, drafts, or bills of exchange for deposit to P1Mitigators for credit on my/our account for their services rendered.

PROPERTY OWNER/S:

PRINTED NAME/s: Charles Odom Crystal Odom
Signature/s: [Signature] [Signature]
Insurance Info: Policy# _____ Claim# _____ Adjuster # _____
Date: _____


Authorized Representative Printed Name: [Signature]
Signature: [Signature]
Date: 9/30/19

Google Drive URL for All Photos: <https://drive.google.com/drive/folders/1-pSwQMU2t9fgA9aJZkbSioWzoYCA1Gtm?usp=sharing>

(it was late/DARK, I was tired and needed to finish this – so the pictures are not the best or of the most

quantity/quality)..



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Repair Services Only. 985-259-3352



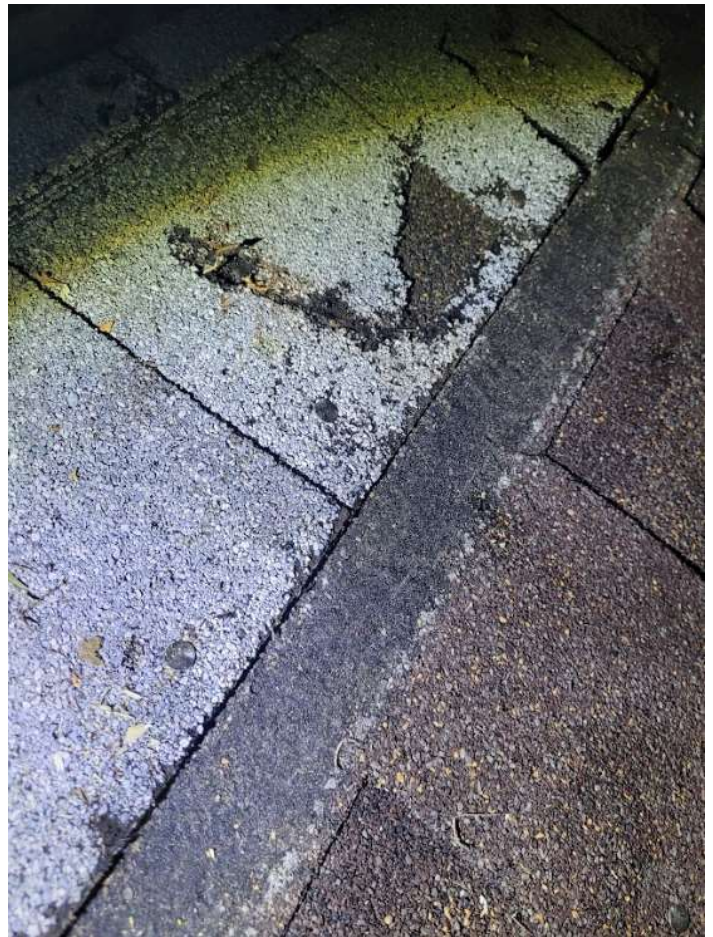
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Again, A **Brittal Test is a FAIL** – shown here: <https://youtu.be/0Uc0Szw8Dbc>

This home will require a new roof.

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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Proxy1Mitigators

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
2345 Early Dawn Circle

6 City, state, and ZIP code
Melbourne, FL. 32935

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			
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or

Employer identification number

2	6	-	3	1	7	3	1	3	2
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ 5/1/24

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